

## MEDICAL HISTORY FORM

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Have you been under a doctor's care in the last two years?

☐ Yes ☐ No

If yes, for what? \_\_\_\_\_

Have you ever been hospitalized, had a major operation,  
or a serious illness?

☐ Yes ☐ No

If yes, for what? \_\_\_\_\_

Have you taken any medications during the past year?

☐ Yes ☐ No

If so, what medicine? \_\_\_\_\_

Do you have any allergic reaction to any medication?

☐ Yes ☐ No

If yes, please list \_\_\_\_\_

Do you have any of these conditions. Check (✓) Yes or No.

Heart (disease)

☐ Yes ☐ No

Asthma

☐ Yes ☐ No

Chest pain

☐ Yes ☐ No

Allergies

☐ Yes ☐ No

High blood pressure

☐ Yes ☐ No

AIDS

☐ Yes ☐ No

Stroke

☐ Yes ☐ No

HIV

☐ Yes ☐ No

Diabetes (Type I/Type II)

☐ Yes ☐ No

Emphysema

☐ Yes ☐ No

Cancer

☐ Yes ☐ No

Tuberculosis

☐ Yes ☐ No

Have you lost or gained more than 10 pounds in the last year?

☐ Yes ☐ No

If so, give details. \_\_\_\_\_

Do you smoke?

☐ Yes ☐ No

Women: Are you pregnant?

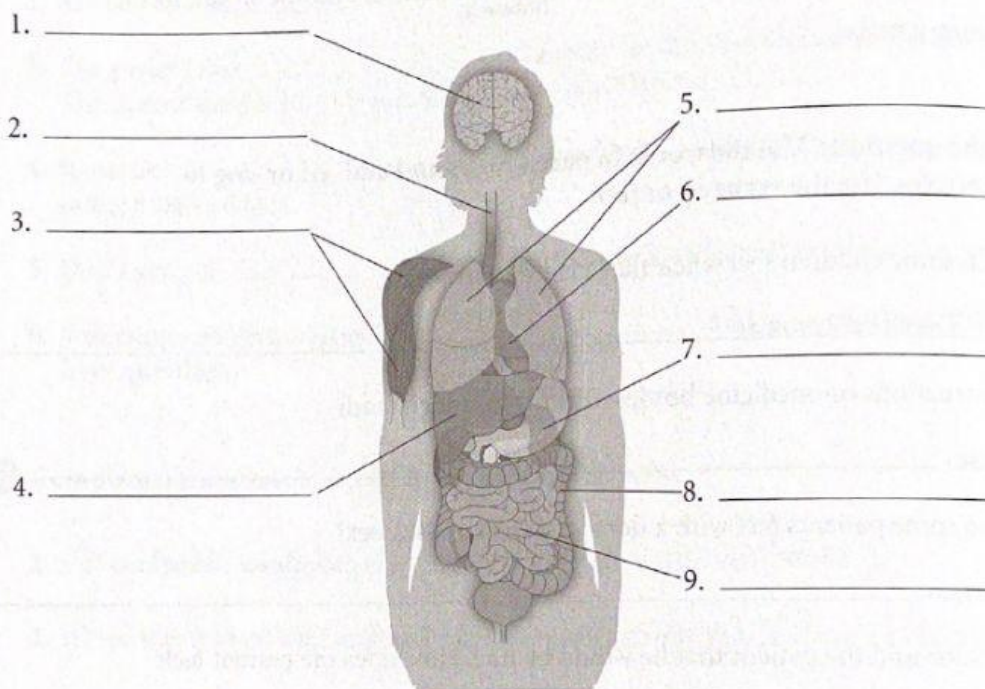
☐ Yes \_\_\_\_\_ Months ☐ No

## Lesson 4: Life Skills and Study Skills

### LIFE SKILLS

- A** Look at the diagram of the human body. Label the parts of the body with the words in the box.

brain      heart      liver      muscles      stomach  
esophagus      large intestine (colon)      lungs      small intestine



- B** Read the statements. Write *T* (true) or *F* (false).

- \_\_\_\_ 1. The liver is near the stomach.
- \_\_\_\_ 2. The heart is in the center of the chest.
- \_\_\_\_ 3. The lungs are below the stomach.
- \_\_\_\_ 4. The large intestine is around the small intestine.
- \_\_\_\_ 5. The esophagus is located near the throat.
- \_\_\_\_ 6. The liver is a small organ.